



King County

**Department of Permitting
and Environmental Review**

35030 SE Douglas Street, Suite 210

Snoqualmie, WA 98065-9266

206-296-6600 TTY Relay: 711

www.kingcounty.gov/permits

Web Date: 09/14/2016

**Marijuana Retail
Business License
Application**

For alternate formats, call 206-296-6600.

Application for businesses in **unincorporated** King County only.

Submit this completed application form with the required application materials listed below, either in person during customer service hours (check or cash only), or by mail to the address shown above. Incomplete applications will not be accepted.

Application check list:

- Copy of State of Washington Business License (UBL)
- Copy of WLCB retail marijuana license or retail license application accepted by the WLCB
- Copy of WLCB approved medical marijuana endorsement, if applicable
- Non-refundable application fee: \$1,000 or \$500 with an approved WA State medical marijuana endorsement

Check one: ☐ New ☐ Renewal

Business Name:

Parcel no.:

Business Address: Street

City

St

Zip

Business Mailing Address: (Where all correspondence will be sent)

Total Business Square Feet: Square feet of medical portion of business, if any:

Applicant: (Names of persons, or entity proposing to operate business)

Telephone:

Birthdate : MM DD YYYY

Home Address:

E-mail Address: _____

Check one: ☐ Sole Ownership (Applicant listed above) **OR** ☐ Partnership ☐ Corporation

Corporate or Partnership name:

Address of principal office:

Street

City

St

Zip

Partnerships or corporations: list all owners, partners or officers with a financial interest: (Attach add't page if necessary)

1.	Name: First Middle Last Email			
	Date of Birth (mm/dd/yyyy)	Address	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas.	
2.	Name: First Middle Last Email			
	Date of Birth (mm/dd/yyyy)	Address	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas.	
3.	Name: First Middle Last Email			
	Date of Birth (mm/dd/yyyy)	Address	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas.	
4.	Name: First Middle Last Email			
	Date of Birth(mm/dd/yyyy)	Address	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas.	

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license application or license granted, that I am the applicant or authorized representative and that the answers and accompanying information contained herein have been examined by me and that the matters set forth are true, correct and complete. (Signature of sole proprietor, corporate officer of limited liability member)

Applicant written name: _____ **Applicant Signature:** _____